

Salisbury / Rowan 2016 Official Registration Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone contact: _____ Cell phone: _____

(circle) Male Female Age as of 12-31-2016: _____

This is my first Senior Games Yes No

My Ethnicity (optional): African American American Indian Asian American

Native Hawaiian Alaska Native Caucasian Hispanic Other _____

Mark the event in which you wish to participate, events with an asterisk (*) and in red will not be offered at State Finals. Please refer to schedule for times.

<u>Individual Sports</u>			<u>Bowling</u>
<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Shuffleboard	<input type="checkbox"/> Shot Put	<input type="checkbox"/> Singles
<input type="checkbox"/> Basketball shoot	<input type="checkbox"/> Softball Throw	<input type="checkbox"/> 100 M Dash	(\$6.00)
<input type="checkbox"/> Spin Casting	<input type="checkbox"/> Putt Putt**	<input type="checkbox"/> 200 M Dash	<input type="checkbox"/> Doubles
<input type="checkbox"/> Billiards	<input type="checkbox"/> Cornhole	<input type="checkbox"/> 400 M Dash	(\$6.00)
<input type="checkbox"/> Bocce	<input type="checkbox"/> Cycling 1mile	<input type="checkbox"/> 800 M Dash	<input type="checkbox"/> Mix DBLB
<input type="checkbox"/> Croquet	<input type="checkbox"/> Cycling 5K	<input type="checkbox"/> Running Long Jump	(\$6.00)
<input type="checkbox"/> Football throw	<input type="checkbox"/> Cycling 10K	<input type="checkbox"/> Standing Long Jump	
<input type="checkbox"/> <u>Walking Events</u>	<input type="checkbox"/> Archery	<input type="checkbox"/> 5K Run	Partner name: _____
<input type="checkbox"/> 5 K Race Walk		<input type="checkbox"/> 1500M Run	
<input type="checkbox"/> 1500 M Race Walk			
<input type="checkbox"/> Silver Striders fun walk (1 mile warm up)			

<u>Swimming</u>	<u>Table Tennis</u>
<input type="checkbox"/> 50yd Freestyle	<input type="checkbox"/> Singles
<input type="checkbox"/> 50yd Backstroke	<input type="checkbox"/> Doubles / Partner _____
<input type="checkbox"/> 50yd Breaststroke	<input type="checkbox"/> Mix Doubles
<input type="checkbox"/> 50yd Butterfly	Partners Name: _____
<input type="checkbox"/> 100yd Backstroke	
<input type="checkbox"/> 100yd Freestyle	
<input type="checkbox"/> 200yd Freestyle	
<input type="checkbox"/> 500yd Freestyle	

<u>Pickleball</u> <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mix Double List partners: _____ _____	Women's Softball _____ Shirt size _____	Men's 65 plus Softball _____ Shirt size _____	Men's Basketball _____ Shirt size _____ Women's Basketball _____ Shirt size _____
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<u>Golf</u> <div style="text-align: center;"> Corbin Hills Golf Club Shot Gun 10:00AM 18 holes with cart & lunch \$18.00 ***Great prizes fun day*** If you have your own foursome please list names on separate sheet </div>
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Over-you must complete back of form

**Registration Fees - Liability Waiver
required to participate in Senior Games**

Senior Games Registration Fees

Rowan County resident fee \$10.00 \$ _____
Non-Rowan County resident fee \$15.00 \$ _____

Event Fees

Bowling (cost to play singles if you are not in the Wednesday afternoon senior league)

____ Singles \$6.00 \$ _____

All Bowling Doubles (even league players must pay doubles fee)

____ Doubles \$6.00 or ____ Mixed doubles \$6.00 \$ _____

Golf 18 holes with cart & lunch \$18.00 \$ _____

Total amount enclosed \$ _____

Please make check payable to Salisbury / Rowan Senior Game

**Mail: Signed entry to: Salisbury / Rowan Senior Games
3541 Old Mocksville Road
Salisbury, N.C. 28144 Attn: Phyllis Loflin-Kluttz**

Medical Information

____ Kidney disease ____ Fainting ____ Bronchitis ____ Diabetes ____ Arthritis
____ Heart trouble ____ High Blood pressure ____ Low Blood pressure ____ Seizures

List any medications your currently taking: _____

List any allergies (bee sting, penicillin, etc.) _____

Emergency Contact (**must have**): _____ phone _____

Name of family doctor: _____ phone _____

Liability Waiver Must be signed prior to practice or competition!

The undersigned, in consideration for being allowed to participate in any and or all of the Salisbury / Rowan Senior Games, including any events and/or activities related thereto, does hereby release and fully discharge all person, firms, corporations, municipalities, charitable organizations, recreational and educational facilities, other participants, sponsors, owners and/or leasers of premises upon which a particular event is occurring, from any and all liability arising by virtue of any claim, demand, loss or damage sustained by the participant on account of injury to person (including death) and/or property, caused or alleged to be caused or alleged to be caused in whole or in part by any activity engaged in by the participant in the Salisbury / Rowan Senior Games, or in preparation therefore, and the undersigned further waives any cause of action with respect thereto.

The undersigned further acknowledges that the Salisbury / Rowan Senior Games may involve strenuous activity resulting in the possibility of severe injury, disability, or even death, which risk the participant hereby assumes in all respects.

The undersigned has read this Waiver and Release thoroughly, and by signing this document, acknowledges a voluntary waiver of substantial rights.

This the _____ day of _____ 2016

Signature _____